

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

Serial No. **10/549587**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	1					
5		1				
6		1				
7		2				
8		1				
9		1				
10		0				
11		0				
12		0				
13		0				
14	1					
15		1				
16		2				
17		0				
18		0				
19		0				
20		0				
21	1					
22		1				
23		1				
24		3				
25		3				
26		3				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37		0				
38		0				
39		0				
40		0				
41		0				
42		0				
43	1					
44		1				
45		2				
46						
47	1					
48		1				
49		2				
50						
TOTAL IND.	6					
TOTAL DEP.	55					
TOTAL CLAIMS	61					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53				1		
54				2		
55				0		
56				0		
57						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						